



**ARIZONA CORPORATION COMMISSION  
CORPORATIONS DIVISION**

**GENERAL FILING INSTRUCTIONS  
FOR LLC'S AND PROFESSIONAL LLC'S**  
Pursuant to A.R.S. TITLE 29, CHAPTER 4

**ARTICLES OF ORGANIZATION:**

- ☐ Select whether you wish to file a LIMITED LIABILITY COMPANY or a PROFESSIONAL LIMITED LIABILITY COMPANY

**Section 1. Proposed Name**

- ☐ Indicate the proposed name of the company. Make sure the company name has the appropriate ending pursuant to the A.R.S. §29-602(A), or for professional LLC pursuant to A.R.S. §29-845.
- ☐ You can review the Commission's Name Standards Policy or check and reserve a name on our website ([www.azcc.gov/corp](http://www.azcc.gov/corp)). Web access is available to the public at our Phoenix and Tucson Offices.
- ☐ If you are the holder of a trade name that is identical to the proposed name, you must attach a copy of the Trade Name Certificate.

**Section 2. Known Place of Business**

- ☐ Indicate the street address of the known place of business in Arizona. The street address of the known place of business may be in care of the statutory agent.

**Section 3. Statutory Agent**

- ☐ Indicate the name and street address of the statutory agent in Arizona.
- ☐ The statutory agent must provide a signature acknowledging acceptance of appointment as the statutory agent.

**Section 4. Purpose (Required for Professional LLC's)**

- ☐ The purpose must state the professional service or services that the company is organized to perform. (i.e. professional real state services)

**Section 5. Dissolution Date**

- ☐ Indicate the latest date on which the limited liability company must dissolve.

**Section 6. Management Structure**

- ☐ Indicate if management is reserved to the members or vested in a manager(s).
- ☐ If reserved to the members, indicate the name(s) and address(es) of the members.
  - If vested in a manager, indicate the name(s) and address(es) of the manager(s) AND the member(s) who own 20% or greater interest in the capital or profits of the company.
  - The organizer must affix a signature. The signature need not be by a member or manager or statutory agent.

## **Section 7. Execution of the document**

- ☐ Sign the document and print name.

## **ADDITIONAL REMINDERS:**

### **Cover Sheet**

- ☐ Attach a completed submission cover sheet for each filing

### **Fees** (Pursuant to ARS §29-851)

- ☐ Attach the required filing fee of \$50. Expedited service is available for an additional \$35 fee.
- ☐ Please make checks payable to the ARIZONA CORPORATION COMMISSION.

### **Publication Requirements** (Pursuant to ARS §29-635)

- ☐ Once your filing has been approved and processed by the Arizona Corporation Commission, publish your filing (within sixty (60) days) in a newspaper of general circulation in the county of the known place of business in Arizona, as filed with the Commission, for three (3) consecutive publications. A list of acceptable newspapers in each county is posted on the Commission web site <http://www.azcc.gov/corp/filings/forms/newspubs.pdf>. An affidavit from the newspaper, evidencing such publication, must be delivered to the Commission for filing WITHIN NINETY (90) DAYS from the date that your filing was approved and processed by the Arizona Corporation Commission (this date will be listed in the letter that you receive upon approval for your filing).

NOTE: Any sample forms included with this Instruction Sheet reflect the minimum requirements set forth in the Arizona Limited Liability Company Act. They do not presume to include each and every clause that could pertain to the individual needs of your company. For such information, you should seek professional advice from a private source.

ALL DOCUMENTS FILED WITH THE ARIZONA CORPORATION COMMISSION ARE PUBLIC RECORD AND ARE OPEN FOR PUBLIC INSPECTION.

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

## ARTICLES OF ORGANIZATION

### DO NOT PUBLISH THIS SECTION

**NOTE:** A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional service. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviations "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "PLLC", or "PLC."

2. Must be an Arizona address. **DO NOT LEAVE THIS SECTION BLANK**

3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.

The agent must sign the articles or provide written consent to acceptance of the appointment.

Select one. This form may be used for:

☐ ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)

☐ ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01)

### 1. The name of the organization:

A. \_\_\_\_\_  
LLC Name Reservation File Number (If one has been obtained). If not, leave this line blank

B. \_\_\_\_\_  
Limited Liability Company Name

### 2. Known place of business in Arizona (If address is the same as the street address of the statutory agent, write "same as statutory agent". **DO NOT LEAVE THIS SECTION BLANK**)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 3. The name and street address of the statutory agent in Arizona

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Acceptance of Appointment by Statutory Agent:

I \_\_\_\_\_, having been designated to act as  
(Print Name of the Statutory Agent)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

**Agent Signature:** \_\_\_\_\_

\_\_\_\_\_  
If signing on behalf of a company, please print the company name here.

**DO NOT PUBLISH  
THIS SECTION**

**4.** Only required for professional limited liability company. The purpose must state the professional service or services that the company is organized to perform. Professional service is defined as a service that may be lawfully rendered **only** by a person licensed in this state to render the service.

**5.** The latest date, if any, on which the Company must dissolve.  
If a dissolution date should include the month, day and year.  
**Perpetual means continuing forever or indefinitely**

**6. Check which management structure will be applicable to your company. Provide name, title and address for each person.**

**6A.** If reserved to the member(s), check the member's box and provide the name(s) and address(es) of each member. **NOTE:** if reserved to the member(s) you cannot list any manager.

**6B.** If vested in manager(s) check the manager's box and provide the name(s) and address(es) of each manager and each member who owns a twenty (20%) percent or greater interest in the capital or profits of the LLC/ PLLC.

The person (s) executing this document need not be a manager or member of the company.

**Your phone and fax are optional.**

**4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s):** (Only required for a Professional LLC Company)

**5. Dissolution:** The latest date of Dissolution

☐The latest date to dissolve \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please enter month, day and four digit year)  
☐The Limited Liability Company is Perpetual

**6. Management Structure:** (Check **one** box only) A.R.S. §29-632(5)

**A.** ☐ **RESERVED TO THE MEMBER(S)**  
IF RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.

**B.** ☐ **VESTED IN MANAGER(S)**  
IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name _____	Name _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: _____	Address: _____
City, _____ State, _____ Zip: _____	City, _____ State, _____ Zip: _____
Name _____	Name _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: _____	Address: _____
City, _____ State, _____ Zip: _____	City, _____ State, _____ Zip: _____

IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Executed by: \_\_\_\_\_ Print Name \_\_\_\_\_

\_\_\_\_\_

If signing on behalf of a company, please print the company name here.

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_